

ROLLING HILLS REHAB-SPECIAL CARE

14345 CTY HWY B

SPARTA 54656 Phone:(608) 269-8800

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 100

Total Licensed Bed Capacity (12/31/04): 100

Number of Residents on 12/31/04: 87

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 97

County

Skilled

No

Yes

Yes

97

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		44.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	13.8	More Than 4 Years		25.3
Day Services	No	Mental Illness (Org./Psy)	46.0	65 - 74	14.9			-----
Respite Care	Yes	Mental Illness (Other)	2.3	75 - 84	36.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.7	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.1		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	3.4	65 & Over	86.2	-----		
Transportation	No	Cerebrovascular	13.8		-----	RNs		10.8
Referral Service	No	Diabetes	8.0	Gender	%	LPNs		10.0
Other Services	Yes	Respiratory	5.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.4	Male	36.8	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	63.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	3	4.7	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.4
Skilled Care	6	100.0	332	57	89.1	118	0	0.0	0	14	100.0	140	0	0.0	0	3	100.0	367	80	92.0
Intermediate	---	---	---	3	4.7	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	1.6	187	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		64	100.0		0	0.0		14	100.0		0	0.0		3	100.0		87	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	31.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	4.8	Bathing	19.5	51.7	28.7	87
Other Nursing Homes	6.7	Dressing	24.1	57.5	18.4	87
Acute Care Hospitals	56.7	Transferring	36.8	47.1	16.1	87
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	27.6	52.9	19.5	87
Rehabilitation Hospitals	0.0	Eating	52.9	34.5	12.6	87
Other Locations	0.0	*****				
Total Number of Admissions	104	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	5.7	Receiving Respiratory Care	3.4	
Private Home/No Home Health	43.8	Occ/Freq. Incontinent of Bladder	49.4	Receiving Tracheostomy Care	1.1	
Private Home/With Home Health	13.3	Occ/Freq. Incontinent of Bowel	21.8	Receiving Suctioning	1.1	
Other Nursing Homes	3.8			Receiving Ostomy Care	1.1	
Acute Care Hospitals	1.0	Mobility		Receiving Tube Feeding	1.1	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.3	Receiving Mechanically Altered Diets	17.2	
Rehabilitation Hospitals	0.0					
Other Locations	4.8	Skin Care		Other Resident Characteristics		
Deaths	33.3	With Pressure Sores	2.3	Have Advance Directives	97.7	
Total Number of Discharges		With Rashes	3.4	Medications		
(Including Deaths)	105			Receiving Psychoactive Drugs	29.9	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 100-199 Peer %	Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.0	91.7	1.06	86.1	1.13	85.9	1.13	88.8	1.09
Current Residents from In-County	82.8	77.0	1.08	80.1	1.03	75.1	1.10	77.4	1.07
Admissions from In-County, Still Residing	20.2	23.6	0.85	19.9	1.01	20.5	0.99	19.4	1.04
Admissions/Average Daily Census	107.2	104.9	1.02	143.3	0.75	132.0	0.81	146.5	0.73
Discharges/Average Daily Census	108.2	104.7	1.03	144.8	0.75	131.4	0.82	148.0	0.73
Discharges To Private Residence/Average Daily Census	61.9	49.3	1.26	69.4	0.89	61.0	1.01	66.9	0.92
Residents Receiving Skilled Care	95.4	95.3	1.00	95.9	1.00	95.8	1.00	89.9	1.06
Residents Aged 65 and Older	86.2	87.8	0.98	93.5	0.92	93.2	0.93	87.9	0.98
Title 19 (Medicaid) Funded Residents	73.6	67.5	1.09	71.5	1.03	70.0	1.05	66.1	1.11
Private Pay Funded Residents	16.1	17.9	0.90	16.3	0.99	18.5	0.87	20.6	0.78
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	48.3	45.1	1.07	32.1	1.50	36.6	1.32	33.6	1.44
General Medical Service Residents	18.4	14.8	1.24	21.4	0.86	19.7	0.93	21.1	0.87
Impaired ADL (Mean)	43.7	49.0	0.89	48.7	0.90	47.6	0.92	49.4	0.88
Psychological Problems	29.9	61.8	0.48	55.2	0.54	57.1	0.52	57.7	0.52
Nursing Care Required (Mean)	3.9	7.1	0.54	7.9	0.49	7.3	0.53	7.4	0.52